

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[x] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to Box Appeal, Commissioner for Patents, Washington D.C. 20231.

[] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner _____ at Facsimile No. _____ at _____ a.m./p.m.

Dated: June 18, 2002

Name of Person Certifying: Nancy Hug

Printed Name: Nancy Hug

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Thomas A. Silvestrini

Serial No.: 08/993,946

Filing Date: December 18, 1997

Title: CORNEAL IMPLANT METHODS AND PLIABLE IMPLANT THEREFOR

Examiner: Willse, David H.

Group Art Unit: 3738

Box Appeal
Commissioner for Patents
Washington, D.C. 20231

NOTICE OF APPEAL TO THE BOARD OF PATENT APPEALS
AND INTERFERENCES

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated December 18, 2001 of the Examiner rejecting claims 1-17, 20, 21, 23 and 24. The items checked below are appropriate.

- ☒ Appeal Fee:
- ☐ Large Entity Fee of \$320.00; or
- ☒ Small Entity Fee of \$160.00.
- ☒ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
- ☒ Petition for Extension of Time (3 mos.)
- ☒ Petition for Extension of Time Fee \$460.00
- ☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☒ Return Postcard.



Payment of Fees



Enclosed is Check No. _____ in the amount of \$ _____.



Please charge Deposit Account No. 50-1189, in the amount of \$620.00 to cover the above-fees referencing billing reference No. 23915-7321. *A duplicate copy this sheet is enclosed.*



The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, referencing billing reference No. 23915-7321. *A duplicate copy of this sheet is enclosed.*

DATE: June 18, 2002

Respectfully submitted,

By: _____

Carol M. Gruppi

Registration No.: 37,341

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